

Amended Corporation  
Income and Replacement  
Tax Return

Do not write above this line.

Indicate what tax year you are amending: Tax year beginning month day year, ending month day year



If you are filing an amended return for tax years ending before December 31, 2010, you cannot use this form. For prior years, use the amended return form for that year.

Write the amount you are paying.

\$

## Step 1: Provide the following business information

A Write your complete legal business name.

If you have a name change only check this box.

Name: \_\_\_\_\_

B If you have an address change check this box and complete the following information.

C/O: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

C Check the box if your business is a

☐ Combined return (unitary) ☐ Foreign insurerD Check the box if you are filing this form only to report an increased net loss on Line 35, Column B. ☐

E If you have completed the following federal forms, check the box and attach them to this return, if you have not previously done so.

☐ Federal Form 8886 ☐ Federal Schedule M-3F Check the box if you attached Illinois Schedule UB. ☐G Check the box if you attached Illinois Schedule 1299-D. ☐H Check the box if you attached Form IL-4562. ☐I Check the box if you attached Illinois Schedule M (for businesses). ☐J Check the box if you attached Schedule 80/20. ☐

K Write your federal employer identification no. (FEIN).

\_\_\_\_\_

L Write your North American Industry Classification System Code (NAICS). (See instr.)

\_\_\_\_\_

M Write your Illinois corporate file (charter) number.

\_\_\_\_\_

N Check the applicable box for the type of change being made. ☐ NLD ☐ State change ☐ Federal change

If a federal change, check one:

☐ Partial agreed ☐ Finalized

Write the finalization date \_\_\_\_\_

Attach your federal finalization to this return.

O Check the box if you are filing a "corrected" return and are making the election to treat all nonbusiness income as business income. ☐P Check the box if you are making a discharge of indebtedness adjustment on Line 36, or Schedule NLD or UB/NLD. (U.S Form 982) ☐Q If you are a cooperative with an Illinois net loss modification, check the box. (Schedule INL) ☐R If you annualized your income on Form IL-2220 check the box. (IL-2220) ☐

## Step 2: Explain the changes on this return

## Step 3: Figure your income or loss

	A As most recently reported or adjusted	B Corrected amount
1 Federal taxable income from U.S. Form 1120.	1 .00	1 .00
2 Net operating loss deduction from U.S. Form 1120.	2 .00	2 .00
3 State, municipal, and other interest income excluded from Line 1.	3 .00	3 .00
4 Illinois income and replacement tax deducted in arriving at Line 1.	4 .00	4 .00
5 Illinois Special Depreciation addition (Form IL-4562).	5 .00	5 .00
6 Related-party expenses addition (Schedule 80/20).	6 .00	6 .00
7 Distributive share of additions (Schedule(s) K-1-P or K-1-T).	7 .00	7 .00
8 Other additions (Illinois Schedule M for businesses).	8 .00	8 .00
9 Add Lines 1 through 8. This is your total income or loss.	9 .00	9 .00

Attach remittance payable here.



**A**As most recently  
reported or adjusted**B**

Corrected amount

Write your total income or loss from Page 1, Line 9.

9 \_\_\_\_\_ .00

9 \_\_\_\_\_ .00

**Step 4: Figure your base income or loss**

10	Interest income from U.S. Treasury and exempt federal obligations.	10	_____ .00	10	_____ .00
11	Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction ( <b>Schedule 1299-B</b> ).	11	_____ .00	11	_____ .00
12	Enterprise Zone or River Edge Redevelopment Zone Interest subtraction ( <b>Schedule 1299-B</b> ).	12	_____ .00	12	_____ .00
13	High Impact Business Dividend subtraction ( <b>Schedule 1299-B</b> ).	13	_____ .00	13	_____ .00
14	High Impact Business Interest subtraction ( <b>Schedule 1299-B</b> ).	14	_____ .00	14	_____ .00
15	Contribution subtraction ( <b>Schedule 1299-B</b> ).	15	_____ .00	15	_____ .00
16	Contribution to certain job training projects.	16	_____ .00	16	_____ .00
17	Foreign Dividend subtraction ( <b>Schedule J</b> ).	17	_____ .00	17	_____ .00
18	Illinois Special Depreciation subtraction ( <b>Form IL-4562</b> ).	18	_____ .00	18	_____ .00
19	Related-party expenses subtraction ( <b>Schedule 80/20</b> ).	19	_____ .00	19	_____ .00
20	Distributive share of subtractions ( <b>Schedule(s) K-1-P or K-1-T</b> ).	20	_____ .00	20	_____ .00
21	Other subtractions ( <b>Schedule M for businesses</b> ).	21	_____ .00	21	_____ .00
22	Total subtractions. Add Lines 10 through 21.	22	_____ .00	22	_____ .00
23	<b>Base income or net loss.</b> Subtract Line 22 from Line 9.	23	_____ .00	23	_____ .00

If the amount on Line 23 is derived inside and outside Illinois, complete Step 5. Otherwise, go to Step 6.

**Step 5: Figure your income allocable to Illinois**

24	Nonbusiness income or loss ( <b>Schedule NB</b> ).	24	_____ .00	24	_____ .00
25	Trust, estate, and non-unitary partnership business income or loss included in Line 23.	25	_____ .00	25	_____ .00
26	Add Lines 24 and 25.	26	_____ .00	26	_____ .00
27	Business income or loss. Subtract Line 26 from Line 23.	27	_____ .00	27	_____ .00
28	Total sales everywhere (this amount cannot be negative).	28	_____ .00	28	_____ .00
29	Total sales inside Illinois (this amount cannot be negative).	29	_____ .00	29	_____ .00
30	Apportionment factor. Divide Line 29 by Line 28.	30	____ . ____	30	____ . ____
31	Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30.	31	_____ .00	31	_____ .00
32	Nonbusiness income or loss allocable to Illinois ( <b>Schedule NB</b> ).	32	_____ .00	32	_____ .00
33	Trust, estate, and non-unitary partnership business income or loss apportionable to Illinois.	33	_____ .00	33	_____ .00
34	<b>Base income or net loss allocable to Illinois.</b> Add Lines 31 through 33.	34	_____ .00	34	_____ .00

**Step 6: Figure your net income**

35	Base income or net loss from Step 4, Line 23 or Step 5, Line 34.	35	_____ .00	35	_____ .00
36	Discharge of indebtedness adjustment. ( <b>U.S. Form 982</b> ).	36	_____ .00	36	_____ .00
37	Adjusted base income or net loss. Add Lines 35 and 36.	37	_____ .00	37	_____ .00
38	Illinois net loss deduction ( <b>Schedule NLD or UB/NLD</b> ). If Line 37 is zero or a negative amount, write "0".	38	_____ .00	38	_____ .00
39	<b>Net income.</b> Subtract Line 38 from Line 37.	39	_____ .00	39	_____ .00

**A**As most recently  
reported or adjusted**B**

Corrected amount

**Step 7: Figure your net replacement tax**

<b>40</b>	Replacement tax. Multiply Line 39 by 2.5% (.025).	<b>40</b>	_____	<b>40</b>	_____
<b>41</b>	Recapture of investment credits ( <b>Schedule 4255</b> ).	<b>41</b>	_____	<b>41</b>	_____
<b>42</b>	Replacement tax before credits. Add Lines 40 and 41.	<b>42</b>	_____	<b>42</b>	_____
<b>43</b>	Investment credits ( <b>Form IL-477</b> ).	<b>43</b>	_____	<b>43</b>	_____
<b>44</b>	<b>Net replacement tax.</b> Subtract Line 43 from Line 42. If negative, write "0".	<b>44</b>	_____	<b>44</b>	_____

**Step 8: Figure your net income tax**

<b>45</b>	Income Tax. Multiply Line 39 by 4.8% (.048).	<b>45</b>	_____	<b>45</b>	_____
<b>46</b>	Recapture of investment credits ( <b>Schedule 4255</b> ).	<b>46</b>	_____	<b>46</b>	_____
<b>47</b>	Income tax before credits. Add Lines 45 and 46.	<b>47</b>	_____	<b>47</b>	_____
<b>48</b>	Income tax credits ( <b>Schedule 1299-D</b> ).	<b>48</b>	_____	<b>48</b>	_____
<b>49</b>	<b>Net income tax.</b> Subtract Line 48 from Line 47. If negative, write "0".	<b>49</b>	_____	<b>49</b>	_____

**Step 9: Figure your refund or balance due**

<b>50</b>	Net replacement tax from Line 44.	<b>50</b>	_____	<b>50</b>	_____
<b>51</b>	Net income tax from Line 49.	<b>51</b>	_____	<b>51</b>	_____
<b>52</b>	Total net income and replacement taxes. Add Lines 50 and 51.	<b>52</b>	_____	<b>52</b>	_____
<b>53</b>	Payments				
	<b>a</b> Credit from prior year overpayment.	<b>53a</b>	_____		
	<b>b</b> Total estimated payments.	<b>53b</b>	_____		
	<b>c</b> Form IL-505-B (extension) payment.	<b>53c</b>	_____		
	<b>d</b> Pass-through entity payments ( <b>Schedule(s) K-1-P or K-1-T</b> ).	<b>53d</b>	_____		
	<b>e</b> Gambling withholding ( <b>Form(s) W-2G</b> ).	<b>53e</b>	_____		
<b>54</b>	Total payments. Add Lines 53a through 53e.	<b>54</b>	_____	<b>54</b>	_____
<b>55</b>	Tax paid with original return (do not include penalties and interest).	<b>55</b>	_____	<b>55</b>	_____
<b>56</b>	Subsequent tax payments made since the original return.	<b>56</b>	_____	<b>56</b>	_____
<b>57</b>	Total tax paid. Add Lines 54, 55, and 56.	<b>57</b>	_____	<b>57</b>	_____
<b>58</b>	Total amount previously refunded and/or credited for the year being amended, whether or not you received the overpayment.	<b>58</b>	_____	<b>58</b>	_____
<b>59</b>	Net tax paid. Subtract Line 58 from Line 57.	<b>59</b>	_____	<b>59</b>	_____
<b>60</b>	<b>Refund.</b> Subtract Line 52 from Line 59.	<b>60</b>	_____	<b>60</b>	_____
<b>61</b>	<b>Tax due.</b> Subtract Line 59 from Line 52.	<b>61</b>	_____	<b>61</b>	_____
<b>62</b>	Penalty. See instructions.	<b>62</b>	_____	<b>62</b>	_____
<b>63</b>	Interest. See instructions.	<b>63</b>	_____	<b>63</b>	_____
<b>64</b>	Total balance due. Add Lines 61 through 63.	<b>64</b>	_____	<b>64</b>	_____

► **Make your check payable to "Illinois Department of Revenue" and attach to the first page of this form.** ◀

**Special Note** → Write the amount of your payment on the top of Page 1 in the space provided.

**Step 10: Sign here**

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signature of authorized officer

Date

Title

(\_\_\_\_\_) Phone

Signature of preparer

Date

Preparer's Social Security Number or firm's FEIN

Preparer firm's name (or yours, if self-employed)

Address

(\_\_\_\_\_) Phone

► **Mail this return to: Illinois Department of Revenue, P.O. Box 19016, Springfield, IL 62794-9016** ◀



- **Attach corrected supporting documents** to your Form IL-1120-X.
- Failure to attach the required corrected documents will result in the disallowance of the corresponding line item.

**If you completed:**

**Attach**

**Form IL-1120-X**

**Step 1, Line C (unitary) only**

**Step 1, Line C (foreign insurer) only**

**Step 1, Line C (unitary) and (foreign insurer)**

**Step 1, Line N (federal change)**

**Lines 5 and 18**

- Special Depreciation addition
- Special Depreciation subtraction

**Lines 6 and 19**

- Related-party expenses addition
- Related-party expenses subtraction

**Lines 7 and 20**

- Distributive share of additions
- Distributive share of subtractions

**Lines 8 and 21**

- Other additions
- Other subtractions

**Lines 11 through 15**

- Enterprise Zone or River Edge Redevelopment Zone Dividend subtraction
- Enterprise Zone or River Edge Redevelopment Zone Interest subtraction
- High Impact Business Dividend subtraction
- High Impact Business Interest subtraction
- Contributions subtraction

**Line 17** Foreign Dividend Subtraction

**Lines 24 and 32**

- Nonbusiness income or loss
- Nonbusiness income or loss allocable to Illinois

**Lines 25 and 33**

- Trusts, estates and non-unitary partnership business income or loss
- Trusts, estates, and non-unitary partnerships business income or loss apportionable to Illinois

**Line 36** Discharge of Indebtedness adjustment

**Line 38** Illinois net loss deduction

**Lines 41 and 46** Recapture of investment credit

**Line 43** Investment credits

**Line 48** Income tax credits

**Line 53d** Pass-through entity payments

**Line 53e** Gambling withholding

- ▶ U.S. 1120-X
- ▶ U.S. 1139 or federal RAR (if applicable)
- ▶ Schedule UB
- ▶ Schedule INS
- ▶ Schedule UB and Schedule UB/INS
- ▶ Copy of federal finalization
- ▶ Form IL-4562
- ▶ Schedule 80/20
- ▶ Schedule(s) K-1-P or K-1-T
- ▶ Schedule M and any required support listed on Schedule M
- ▶ Schedule 1299-B
- ▶ Illinois Schedule J
- ▶ U.S. 1120, Schedule C or equivalent
- ▶ Schedule NB
- ▶ Schedule(s) K-1-P or K-1-T
- ▶ Federal Form 982
- ▶ **Note** Check the box on Form IL-1120-X, Step 1, Line P.
- ▶ Schedule NLD or UB/NLD (for unitary filers)
- ▶ Schedule 4255
- ▶ Form IL-477
- ▶ Schedule 1299-D and any required support listed in the Schedule 1299-D instructions.
- ▶ **Note** Check the box on Form IL-1120-X, Step 1, Line G.
- ▶ All Schedules K-1-P and K-1-T you **received** showing a pass-through entity payment
- ▶ All copies of Form W-2G

